



Human Resource Management Practices and Their Role in Improving the Quality of Healthcare Services Provided in the Palestinian Health Sector

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ABSTRACT

This study aimed to explore the impact of human resource management (HRM) practices on improving the quality of services provided in Palestinian healthcare institutions. The study adopted a descriptive-analytical approach, with the population consisting of all employees in Palestinian healthcare institutions in the West Bank, totaling 9,887 staff members. A stratified random sample of 350 participants was selected from the governorates of Ramallah, Hebron, and Bethlehem. A questionnaire was used to assess HRM practices and service quality, and its validity and reliability were confirmed. The results indicated a high level of HRM practice implementation, with training and development and human resource planning being the most prominent, while incentives and performance evaluation were relatively lower. Service quality was also found to be high, with responsiveness and tangibility dimensions performing best. The study concluded that HRM practices have a statistically significant positive effect on service quality, explaining 74.9% of the variance.

Keywords: Human resource management, Service quality, Palestinian healthcare sector.



Introduction

The healthcare sector is one of the sectors most closely associated with individuals' quality of life and the sustainability of communities, making the improvement of healthcare service quality a strategic objective for modern health systems. Contemporary literature indicates that healthcare service quality depends not only on the availability of material and technological resources but is also significantly influenced by the competence of human resources, which play a central role in delivering healthcare, ensuring patient safety, and enhancing patient satisfaction (World Health Organization [WHO], 2020). Accordingly, human resource management has emerged as one of the key determinants of improved organizational performance in healthcare institutions.

Human resource management is defined as a system of policies and practices aimed at attracting competent employees, developing their skills, motivating them, and evaluating their performance in ways that contribute to the achievement of organizational objectives and enhance job performance (Armstrong & Taylor, 2023; Fadhil & Ibrahim, 2024). In the healthcare context, these practices are particularly important because of the nature of healthcare services, which require high levels of professional competence, accuracy, and ethical commitment. Consequently, the quality of healthcare services can be viewed as a direct reflection of the quality of human resource management (Boselie et al., 2021). Human performance is also considered a fundamental dimension in models for assessing the quality of healthcare. Healthcare service quality can be defined as the extent to which the services provided meet patients' needs and expectations in accordance with standards of efficiency, effectiveness, safety, and continuity of care (WHO, 2021).

The Problem of the Study in the Palestinian Context. The Palestinian healthcare sector faces complex structural challenges, including limited financial resources, shortages of specialized healthcare personnel, high levels of occupational pressure, and the continuing effects of unstable political and economic conditions. These challenges have adversely affected the efficiency of the healthcare system and the quality of services provided (Palestinian Ministry of Health, 2022).

Despite the increasing importance of the healthcare sector as one of the fundamental pillars of community development, and despite ongoing efforts to improve the quality of healthcare services, many health systems, particularly those operating in contexts characterized by political and economic challenges, continue to face significant difficulties in achieving satisfactory levels of healthcare service quality (Palestinian Ministry of Health, 2022). The healthcare sector faces a range of structural and organizational challenges, most notably shortages of qualified healthcare personnel, increasing workloads, rising levels of occupational stress and burnout, limited training and development programs, and weaknesses in incentive and performance appraisal systems in some healthcare institutions (Palestinian Ministry of Health, 2022).

Against this background, the problem addressed by this study lies in the need to examine the nature and magnitude of the impact of human resource management practices on improving the quality of healthcare services provided in the Palestinian



healthcare sector. Accordingly, the study seeks to answer the following main research question: What is the impact of human resource management practices on improving the quality of healthcare services provided in the Palestinian healthcare sector?

The study aims to examine the effect of human resource management practices on improving the quality of healthcare services provided by Palestinian healthcare institutions. The study hypothesizes that there is no statistically significant effect at the significance level ($\alpha \leq 0.05$) of human resource management practices, collectively, on improving the quality of healthcare services provided in the Palestinian healthcare sector.

Previous Studies

First: Human Resource Management in Healthcare Institutions

Human Resource Management is regarded as a strategic management approach that seeks to maximize the effective utilization of human capital through a comprehensive set of policies and practices, including human resource planning, recruitment and selection, training and development, performance appraisal, and incentive and compensation systems. These practices are intended to facilitate the achievement of organizational objectives in an efficient and effective manner (Armstrong & Taylor, 2020). Within healthcare institutions, strategic human resource planning constitutes a systematic process for identifying current and future workforce requirements and ensuring their alignment with institutional strategic objectives. Effective strategic human resource planning contributes to the optimal distribution of the healthcare workforce and helps address shortages in critical specialties, thereby supporting the quality and continuity of healthcare services (Alfes et al., 2019; Ibrahim et al., 2023). In this regard, the study conducted by Al-Sharari (2025) demonstrated that strategic human resource planning in Saudi government hospitals made a substantial contribution to improving the quality of healthcare services, particularly with respect to responsiveness and performance efficiency.

Recruitment and selection represent two of the most important Human Resource Management practices, as they facilitate the attraction of competent personnel capable of delivering high-quality healthcare services while reducing problems associated with poor performance and employee turnover (Dessler, 2020). The studies of Boxall et al. (2016) and Hamdan and Ibrahim (2025) confirmed that the quality of employee selection is directly associated with the level of service quality, particularly within sensitive service sectors such as healthcare. Similarly, the study conducted by Ammar and Hammadi (2021) in Algeria demonstrated that the effectiveness of recruitment and selection procedures had a positive effect on improving the quality of healthcare services by ensuring the availability of professional competencies capable of responding effectively to patients' needs.

Training and development constitute important mechanisms for enhancing the job performance of healthcare workers by updating their knowledge and strengthening their clinical and administrative skills in accordance with ongoing medical and



technological developments (WHO, 2020). Jiang et al. (2017) and Ibrahim and Eitah (2025a) emphasized that investment in employee training represents one of the Human Resource Management practices with a particularly strong influence on the quality of organizational performance. Consistent with this perspective, the study conducted by Al-Sharif Al-Amin and Sayed Ahmed (2024) concluded that continuous training and development programs contributed to improving the quality of healthcare services and enhancing the efficiency of medical and paramedical staff in hospital institutions.

Performance appraisal constitutes an important organizational mechanism for measuring employees' levels of performance, identifying areas of strength and weakness, and linking performance outcomes to incentive and promotion systems (Ibrahim et al., 2025; Dessler, 2020). The literature indicates that fair and objective performance appraisal systems can contribute to strengthening employee motivation and organizational commitment, while simultaneously supporting improvements in the quality of services provided (Alfes et al., 2019; Ibrahim et al., 2025).

Similarly, incentive and compensation systems play an important role in motivating healthcare workers, enhancing their job satisfaction, and reducing employee turnover, thereby contributing positively to the quality of healthcare services (Armstrong & Taylor, 2020; Issa, & Melhem, 2023). In this context, the study by Alzahmi, & Ibrahim, (2021); Hammadi and Ammar (2021) demonstrated that inadequate financial and non-financial incentives constitute among the most significant factors negatively affecting the quality of healthcare services in government institutions.

Second: Healthcare Service Quality

Healthcare service quality is defined as the degree of excellence in the delivery of healthcare services in a manner that addresses patients' needs, complies with professional and ethical standards, and contributes to patient satisfaction and safety (Donabedian, 2003; Ibrahim, & Eitah, 2025b). The Donabedian Model is among the most widely used models for assessing healthcare service quality. It conceptualizes quality through three main dimensions: structure, process, and outcomes. In addition, the SERVQUAL model is widely used to assess service quality through five dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Alzbeidi, Abdisamad, & Bani, 2021; Parasuraman et al., 1988). Ayanian and Markel (2016) emphasized that healthcare service quality extends beyond the technical aspects of treatment to include human and communication-related dimensions, in which the human element plays an important role.

Third: The Relationship between Human Resource Management Practices and Healthcare Service Quality

The existing literature generally suggests a positive relationship between Human Resource Management Practices and healthcare service quality, as these practices may contribute to improving employee performance, enhancing job satisfaction, and strengthening professional commitment, which may, in turn, contribute to



improvements in the quality of services provided to patients (Majeed, et al., 2023; Jiang et al., 2017; Leggat et al., 2015). Al-Balawi (2024); Alzahmi, & Ibrahim, (2025) found a significant relationship between Human Resource Management Information Systems and healthcare service quality in Saudi hospitals, indicating that effective Human Resource Management supported by technology may play an important role in enhancing service quality. Similarly, studies conducted in developing-country contexts have indicated that weaknesses in Human Resource Management Practices may be associated with lower levels of healthcare service quality (Dieleman et al., 2019; Mansour et al., 2024).

Overall, the reviewed literature provides substantial theoretical and empirical support for the importance of Human Resource Management Practices in relation to healthcare service quality. However, many of the available Arab studies have examined this relationship in contexts that differ from the Palestinian context. This contextual difference highlights the relevance of the present study, which seeks to contribute to addressing this research gap by examining the relationship between Human Resource Management Practices and healthcare service quality within the Palestinian healthcare sector, particularly in light of its distinctive organizational, economic, and political circumstances.

3. Methodology

This study adopted the descriptive-analytical approach, as it is considered appropriate for the nature of the study and its objectives. This approach enables the researcher to provide a comprehensive description of the current state of Human Resource Management Practices and the level of healthcare service quality provided within the Palestinian healthcare sector. It also facilitates the examination of the relationships and effects among the study variables through the application of appropriate statistical techniques.

The adoption of the descriptive-analytical approach is particularly appropriate for the present study because it allows the researcher to examine the phenomenon under investigation as it exists in its natural context, without manipulating the study variables. In addition to describing the prevailing conditions related to Human Resource Management Practices and healthcare service quality, the approach enables the researcher to analyze the relationships between the study variables and assess the extent to which variations in Human Resource Management Practices are associated with variations in healthcare service quality. Accordingly, this approach provides a suitable methodological basis for addressing the research question and achieving the objectives of the present study.

3.1 Study Population and Sample

The study population comprised all employees working in Palestinian healthcare institutions in the West Bank, totaling 9,887 employees. The population included employees in governmental, non-governmental, and private healthcare institutions, including physicians, nurses, technicians, and administrative staff. These employees were considered relevant to the study because of their direct involvement in the



implementation of Human Resource Management Practices and the delivery of healthcare services.

A stratified random sampling technique was employed to ensure adequate representation of the different occupational groups within Palestinian healthcare institutions. The sample size was determined in accordance with the size of the study population, while taking into consideration the requirements of statistical precision and the generalizability of the study findings.

For the purposes of this study, three governorates in the West Bank were selected: Ramallah, Hebron, and Bethlehem. The total number of employees working in the healthcare sector across these three governorates was 3,891. Subsequently, Steven K. Thompson's sample size equation was employed to determine the appropriate sample size for the study. Based on the equation, the required sample consisted of 350 participants drawn from employees working in the Palestinian governmental healthcare sector in the governorates of Ramallah, Bethlehem, and Hebron.

Table 1: Reliability and Convergent Validity

Variable	Category	Frequency	Percentage (%)
Gender	Male	165	47.1
	Female	185	52.9
	Total	350	100.0
Educational Qualification	Bachelor's Degree and less	289	82.6
	Postgraduate Studies	61	17.4
	Total	350	100.0
Years of Experience	Less than 5 years	82	23.4
	5–10 years	91	26.0
	More than 10 years	177	50.6
	Total	350	100.0
Job Title	Physician	95	27.1
	Nurse	169	48.3
	Administrator	39	11.1
	Laboratory Technician	31	8.9



	Other	16	4.6
	Total	350	100.0

Second: Data Collection Instrument (Questionnaire) and Its Reliability

The researchers developed a questionnaire to measure human resource management practices and their role in improving the quality of services provided in the Palestinian healthcare sector. The questionnaire was developed following a review of the relevant theoretical literature and existing measures of human resource management practices and service quality used in previous studies.

The questionnaire consisted of two main sections. The first section measured human resource management practices and comprised five dimensions: human resource planning, recruitment and selection, training and development, incentives and compensation, and performance appraisal. The second section measured service quality and comprised five dimensions: tangibility, reliability, responsiveness, assurance, and empathy.

Reliability of the Human Resource Management Practices Scale

To assess the reliability of the scale, internal consistency reliability was examined using Cronbach's alpha coefficient (Cronbach's Alpha), as presented in Table 2.

Table (2): Reliability Coefficients for the Human Resource Management Practices Scale

Dimension	Number of Items	Cronbach's Alpha
Human Resource Planning	5	.818
Recruitment and Selection	5	.828
Training and Development	5	.909
Incentives and Compensation	5	.914
Performance Appraisal	5	.929
Tangibles	5	.934
Reliability	5	.904
Responsiveness	5	.890
Assurance	5	.932
Empathy	5	.937
Overall Scale (All Items)	50	.942



It is evident from Table (2) that the Cronbach's alpha reliability coefficients for the dimensions of the Human Resource Management Practices scale ranged from 0.818 to 0.929, while the overall reliability coefficient was 0.942. Similarly, the Cronbach's alpha reliability coefficients for the dimensions of the Service Quality scale ranged from 0.890 to 0.937, with an overall reliability coefficient of 0.974. These values indicate that both scales demonstrate a high level of internal consistency and reliability, as all reliability coefficients exceed the commonly accepted threshold of 0.70. Accordingly, both scales are considered reliable and suitable for application in the present study and for achieving its research objectives.

Results

Results of the Main Null Hypothesis

H₀: There is no statistically significant effect, at the significance level of ($\alpha \leq 0.05$), of Human Resource Management Practices, collectively, on improving the quality of services provided in the Palestinian healthcare sector.

To test the main null hypothesis, Multiple Linear Regression Analysis was conducted using the Statistical Package for the Social Sciences (SPSS) to examine the collective effect of Human Resource Management Practices on improving the quality of services provided in the Palestinian healthcare sector. The results of this analysis are presented in Table (3).

Table (3): Results of the Multiple Linear Regression Analysis Testing the Collective Effect of the Dimensions of Human Resource Management Practices on Improving the Quality of Services Provided in the Palestinian Healthcare Sector.

Independent Variables	B	Standard Error	Beta	Calculated t-value	Statistical Significance Level	F-value and Statistical Significance	Tolerance	VIF
Constant	-1.565	0.218		-7.192		208.92		
Human Resource Planning	0.331	0.091	0.219	3.626	0.219		0.198	5.059
Recruitment and Selection	0.318	0.077	0.262	4.149	0.262		0.180	5.555
Training and Development	0.281	0.069	0.173	4.075	0.173	0.001*	0.397	2.516
Incentives and Compensation	0.142	0.043	0.156	3.280	0.156		0.320	3.123
Performance Appraisal	0.239	0.037	0.276	6.484	0.276			2.510



Adjusted Coefficient of Determination (Adjusted R ²) = 0.749	Coefficient of Determination (R ²) = 0.75	Correlation Coefficient (R) = 0.867
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A result is considered statistically significant at the significance level of ($\alpha \leq 0.05$). In addition, a high level of multicollinearity is considered to exist when the Variance Inflation Factor (VIF) for a variable exceeds 10, while the corresponding Tolerance value is less than 0.05.

It indicates that the Variance Inflation Factor (VIF) values for all variables were below the threshold of 10, ranging from 2.510 to 5.555. In addition, the Tolerance values for all variables were greater than 0.05, ranging from 0.180 to 0.398. Therefore, it can be concluded that there is no serious multicollinearity problem among the independent variables.

The results presented in Table (3) also demonstrate the reliability of the predictive model proposed in this study. The calculated F-value was 208.92, with a corresponding probability value (p-value) of 0.001, which is lower than the significance level of 0.05. This result indicates that the model has a high predictive capability and is statistically significant.

Furthermore, shows that the independent variables, namely human resource planning, recruitment and selection, training and development, incentives and compensation, and performance appraisal, have significant effects on improving the quality of services provided in the Palestinian healthcare sector. This conclusion is supported by the calculated t-values for the respective independent variables, which were 3.626, 4.149, 4.075, 3.280, and 6.484, respectively. All of these values exceed the critical t-value of 1.96 at the 0.05 significance level.

Based on the adjusted coefficient of determination (Adjusted R²), the results indicate that the independent variables—human resource planning, recruitment and selection, training and development, incentives and compensation, and performance appraisal—collectively explain 74.9% of the variance in the dependent variable, namely the quality of services provided in the Palestinian healthcare sector. This represents a substantial explanatory power of the model.

The relationship between the dependent variable and the independent variables was represented through

$$y = (-1.565) + (0.331)X_1 + (0.318)X_2 + (0.281)X_3 + (0.142)X_4 + (0.239)X_5 \dots\dots\dots (1)$$



The following linear regression equation represents the relationship between the independent variables and the dependent variable:

Y: Service Quality (the dependent variable), **X₁:** Human Resource Planning
X₂: Recruitment and Selection, **X₃:** Training and Development, **X₄:** Incentives and Compensation, **X₅:** Performance Appraisal

The regression equation demonstrates that the various dimensions of Human Resource Management (HRM) practices—namely, human resource planning, recruitment and selection, training and development, incentives and compensation, and performance appraisal—exert a positive and statistically significant influence on the quality of services provided within the Palestinian healthcare sector. This finding provides empirical evidence that effective implementation of HRM practices contributes substantially to enhancing service quality. Accordingly, the main null hypothesis was rejected, while the corresponding alternative hypothesis was supported.

This finding can be attributed to the strategic role of HRM practices as one of the principal internal organizational factors that can be directly managed and controlled by healthcare institutions in Palestine. In contrast, these institutions operate within an external environment characterized by considerable instability, financial constraints, and other structural challenges that are largely beyond their direct control. Under such circumstances, effective HRM practices assume a particularly important compensatory function by strengthening the organization's internal capacity to respond to external pressures and operational constraints.

More specifically, systematic human resource planning facilitates the optimal allocation and utilization of available human resources, while effective recruitment and selection practices contribute to ensuring that qualified and competent personnel are placed in appropriate positions. Likewise, training and development enhance employees' knowledge, skills, and competencies, thereby improving their capacity to deliver high-quality healthcare services. Furthermore, appropriate incentives and compensation mechanisms can strengthen employee motivation and commitment, whereas effective performance appraisal systems provide a structured basis for monitoring, evaluating, and improving employee performance.

Taken together, these practices may mitigate the adverse effects of resource scarcity, increased workload, and employment instability, thereby strengthening organizational capacity and supporting the consistent delivery of quality healthcare services. Consequently, in the Palestinian healthcare context, service quality appears to be closely associated with the effectiveness of human resource management, particularly given the challenging and relatively unstable institutional environment in which healthcare organizations operate. This finding further underscores the strategic importance of HRM as an internal organizational mechanism for sustaining and



improving service quality under conditions of external uncertainty and resource limitations.

The main hypothesis was further divided into the following sub-hypotheses:

First, Null Hypothesis (H_{01}): There is no statistically significant effect, at the significance level of ($\alpha \leq 0.05$), of human resource planning on improving the quality of services provided in the Palestinian healthcare sector.

To test the first null hypothesis, a simple linear regression analysis was conducted, as presented in Table (4).

Table (4): Results of the Simple Linear Regression Analysis of the effect of Human Resource Planning on Improving the Quality of Services Provided in the Palestinian Healthcare Sector

Independent Variable	B	Standard Error	Beta	Calculated t-value	Significance Level	F-value
Constant	-0.845	0.251		-3.362	0.001*	338.06*
Human Resource Planning	1.061	0.058	0.702	18.386	0.001*	
Adjusted Coefficient of Determination (R^2) = 0.491			Coefficient of Determination (R^2) = 0.493		Correlation Coefficient (R) = 0.702	

The results presented in Table (4) demonstrate that the regression model is statistically significant and suitable for testing the first null hypothesis. The calculated F-value was 338.06, with a corresponding significance value of 0.001, which is lower than the predetermined significance level of 0.05. This finding confirms the statistical significance of the regression model and indicates that it possesses a strong predictive capability.

Furthermore, the results presented in Table (4) indicate that the independent variable, human resource planning, has a statistically significant effect on the quality of services provided in the Palestinian healthcare sector. This conclusion is supported by the calculated t-value of 18.386, which exceeds the critical t-value of 1.96 at the 0.05 significance level. In addition, the standardized regression coefficient (Beta) was 0.702, indicating a relatively strong positive relationship between human resource planning and service quality.

Based on the adjusted coefficient of determination (Adjusted R^2), human resource planning explains approximately 49.1% of the variance in the dependent variable, namely the quality of services provided in the Palestinian healthcare sector. This



indicates a substantial level of explanatory power and demonstrates the important contribution of human resource planning to variations in service quality.

The relationship between the dependent and independent variables is represented by the following linear regression equation:

$$Y = -0.845 + 1.061X_1 \dots\dots\dots (2)$$

Y: Quality of services provided in the Palestinian healthcare sector
X₁: Human resource planning

The positive regression coefficient (**B = 1.061**) indicates that an increase in human resource planning is associated with a corresponding increase in the predicted level of service quality. Accordingly, the first null hypothesis is rejected, and the corresponding alternative hypothesis is supported. Thus, the findings provide empirical evidence that human resource planning has a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector.

Second Null Hypothesis H₀₂: There is no statistically significant effect, at the significance level of ($\alpha \leq 0.05$), of recruitment and selection practices on improving the quality of services provided in the Palestinian healthcare sector.

To test the second null hypothesis, a simple linear regression analysis was conducted, as presented in Table (5).

Table (5): Results of the Simple Linear Regression Analysis of the Effect of Recruitment and Selection Practices on Improving the Quality of Services Provided in the Palestinian Healthcare Sector

Independent Variable	B	Standard Error	Beta	Calculated t-value	Significance Level	F-value
Constant	-0.111	0.161		-0.690	0.491	588.71*
Recruitment and Selection Practices	0.960	0.040	0.793	24.263	0.001*	
Adjusted Coefficient of Determination (Adjusted R ²) = 0.627			Coefficient of Determination (R ²) = 0.628		Correlation Coefficient (R) = 0.793	

The results presented in Table (5) demonstrate that the regression model is statistically significant and suitable for testing the second null hypothesis. The calculated F-value was 588.71, with a corresponding significance value of 0.001, which is lower than the predetermined significance level of 0.05. This result confirms



the statistical significance of the regression model and indicates its strong predictive capability.

Furthermore, the results presented in Table (5) indicate that the independent variable, recruitment and selection practices, has a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector. This conclusion is supported by the calculated t-value of 24.263, which is substantially higher than the critical t-value of 1.96 at the 0.05 significance level. The standardized regression coefficient (Beta) was 0.793, indicating a strong positive relationship between recruitment and selection practices and service quality.

The adjusted coefficient of determination (Adjusted R²) was 0.627, indicating that recruitment and selection practices explain approximately 62.7% of the variance in the dependent variable, namely the quality of services provided in the Palestinian healthcare sector. This represents a substantial level of explanatory power and suggests that recruitment and selection practices constitute an important predictor of service quality.

The relationship between the dependent and independent variables is represented by the following linear regression equation:

$$Y = -0.111 + 0.960X_2 \dots\dots\dots (3)$$

Y: Quality of services provided in the Palestinian healthcare sector

X₂: Recruitment and selection practices

The positive regression coefficient (B = 0.960) indicates that improvements in recruitment and selection practices are associated with an increase in the predicted level of service quality. Accordingly, the second null hypothesis is rejected, and the corresponding alternative hypothesis is supported. The findings therefore provide empirical evidence that recruitment and selection practices have a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector.

Third Null Hypothesis H₀₃: There is no statistically significant effect, at the significance level of ($\alpha \leq 0.05$), of training and development practices on improving the quality of services provided in the Palestinian healthcare sector.

To test the third null hypothesis, a simple linear regression analysis was conducted, as presented in Table (6).



Table (6): Results of the Simple Linear Regression Analysis of the Effect of Training and Development Practices on Improving the Quality of Services Provided in the Palestinian Healthcare Sector

Independent Variable	B	Standard Error	Beta	Calculated t-value	Significance Level	F-value
Constant	-0.111	0.161		-0.690	0.491	588.71*
Training and Development Practices	0.960	0.040	0.793	24.263	0.001*	
Adjusted Coefficient of Determination (Adjusted R ²) = 0.627			Coefficient of Determination (R ²) = 0.628		Correlation Coefficient (R) = 0.793	

The results presented in Table (6) demonstrate that the regression model is statistically significant and appropriate for testing the third null hypothesis. The calculated F-value was 274.67, with a corresponding significance value of 0.001, which is lower than the predetermined significance level of 0.05. This finding confirms the statistical significance of the regression model and indicates its strong predictive capability.

Furthermore, the results presented in Table (6) indicate that the independent variable, Training and Development Practices, has a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector. This conclusion is supported by the calculated t-value of 16.572, which exceeds the critical t-value of 1.96 at the 0.05 significance level. The standardized regression coefficient (Beta) was 0.664, indicating a relatively strong positive relationship between Training and Development Practices and service quality.

The adjusted coefficient of determination (Adjusted R²) was 0.439, indicating that Training and Development Practices explain approximately 43.9% of the variance in the dependent variable, namely the quality of services provided in the Palestinian healthcare sector. This represents a substantial level of explanatory power and demonstrates the meaningful contribution of Training and Development Practices to variations in service quality.

The relationship between the dependent and independent variables is represented by the following linear regression equation:

$$Y = -1.113 + 1.075X_3 \dots\dots\dots (4)$$

Y: Quality of services provided in the Palestinian healthcare sector
X₃: Training and Development Practices



The positive regression coefficient ($B = 1.075$) indicates that improvements in Training and Development Practices are associated with an increase in the predicted level of service quality. Accordingly, the **third null hypothesis is rejected**, and the corresponding **alternative hypothesis is supported**. The findings therefore provide empirical evidence that Training and Development Practices have a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector.

Fourth Null Hypothesis H_{04} : There is no statistically significant effect, at the significance level of ($\alpha \leq 0.05$), of Incentives and Compensation Practices on improving the quality of services provided in the Palestinian healthcare sector.

To test the fourth null hypothesis, a simple linear regression analysis was conducted, as presented in Table (7).

Table (7): Results of the Simple Linear Regression Analysis of the Effect of Incentives and Compensation Practices on Improving the Quality of Services Provided in the Palestinian Healthcare Sector

Independent Variable	B	Standard Error	Beta	Calculated t-value	Significance Level	F-value
Constant	1.544	0.132		11.702	0.001*	297.82*
incentives and Compensation Practices	0.618	0.036	0.679	17.257	0.001*	
Adjusted Coefficient of Determination (Adjusted R^2) = 0.460			Coefficient of Determination (R^2) = 0.461		Correlation Coefficient (R) = 0.679	

The results presented in Table (7) demonstrate that the regression model is statistically significant and appropriate for testing the fourth null hypothesis. The calculated F-value was 297.82, with a corresponding significance value of 0.001, which is lower than the predetermined significance level of 0.05. This finding confirms the statistical significance of the regression model and indicates its strong predictive capability.

Furthermore, the results presented in Table (7) indicate that the independent variable, Incentives and Compensation Practices, has a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector. This conclusion is supported by the calculated t-value of 17.257, which exceeds the critical t-value of 1.96 at the 0.05 significance level. The standardized regression coefficient (Beta) was 0.679, indicating a relatively strong positive relationship between Incentives and Compensation Practices and service quality.



The adjusted coefficient of determination (Adjusted R^2) was 0.460, indicating that Incentives and Compensation Practices explain approximately 46.0% of the variance in the dependent variable, namely the quality of services provided in the Palestinian healthcare sector. This represents a substantial level of explanatory power and demonstrates the significant contribution of Incentives and Compensation Practices to variations in service quality.

The relationship between the dependent and independent variables is represented by the following linear regression equation:

$$Y = 1.544 + 0.618X_4 \dots\dots\dots (5)$$

Y: Quality of services provided in the Palestinian healthcare sector
 X_4 : Incentives and Compensation Practices

The positive regression coefficient ($B = 0.618$) indicates that improvements in Incentives and Compensation Practices are associated with an increase in the predicted level of service quality. Accordingly, the fourth null hypothesis is rejected, and the corresponding alternative hypothesis is supported. The findings therefore provide empirical evidence that Incentives and Compensation Practices have a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector.

Fifth Null Hypothesis H_{05} : There is no statistically significant effect, at the significance level of ($\alpha \leq 0.05$), of Performance Appraisal Practices on improving the quality of services provided in the Palestinian healthcare sector.

To test the fifth null hypothesis, a simple linear regression analysis was conducted, as presented in Table (8).

Table (8): Results of the Simple Linear Regression Analysis of the Effect of Performance Appraisal Practices on Improving the Quality of Services Provided in the Palestinian Healthcare Sector

Independent Variable	B	Standard Error	Beta	Calculated t-value	Significance Level	F-value
Constant	1.869	0.134		13.972	0.001*	212.51*
incentives and Compensation Practices	0.534	0.037	0.616	14.578	0.001*	
Adjusted Coefficient of Determination (Adjusted R^2) = 0.377			Coefficient of Determination (R^2) = 0.379		Correlation Coefficient (R) = 0.616	



The results presented in Table (8) demonstrate that the regression model is statistically significant and appropriate for testing the fifth null hypothesis. The calculated F-value was 212.51, with a corresponding significance value of 0.001, which is lower than the predetermined significance level of 0.05. This finding confirms the statistical significance of the regression model and indicates its strong predictive capability.

Furthermore, the results presented in Table (8) indicate that the independent variable, Performance Appraisal Practices, has a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector. This conclusion is supported by the calculated t-value of 14.578, which exceeds the critical t-value of 1.96 at the 0.05 significance level. The standardized regression coefficient (Beta) was 0.616, indicating a relatively strong positive relationship between Performance Appraisal Practices and service quality.

The adjusted coefficient of determination (Adjusted R²) was 0.377, indicating that Performance Appraisal Practices explain approximately 37.7% of the variance in the dependent variable, namely the quality of services provided in the Palestinian healthcare sector. This represents a substantial level of explanatory power and demonstrates the meaningful contribution of Performance Appraisal Practices to variations in service quality.

The relationship between the dependent and independent variables is represented by the following linear regression equation:

$$Y = 1.869 + 0.534X_s \dots\dots\dots (6)$$

Y: Quality of services provided in the Palestinian healthcare sector

X_s: Performance Appraisal Practices

The positive regression coefficient (B = 0.534) indicates that improvements in Performance Appraisal Practices are associated with an increase in the predicted level of service quality. Accordingly, the fifth null hypothesis is rejected, and the corresponding alternative hypothesis is supported. The findings therefore provide empirical evidence that Performance Appraisal Practices have a statistically significant positive effect on the quality of services provided in the Palestinian healthcare sector.

Conclusion

In light of the findings of the study, the researchers recommend the continuous enhancement of training and development programs for employees in healthcare institutions to improve their competencies and professional skills in line with the needs of the healthcare sector. The study also highlights the importance of strengthening human resource planning systems to ensure the availability of qualified personnel in accordance with the needs of healthcare institutions and anticipated changes in the future demand for healthcare services. In addition, there is a need to develop incentives and compensation policies and to establish a clear and fair link



between employee performance and rewards, while also reviewing performance evaluation tools to enhance their effectiveness and transparency. With regard to service quality, the study recommends greater attention to the aspects of safety and reliability to strengthen patients' confidence and sense of security while receiving healthcare services. Finally, the findings of this study can serve as a useful reference for improving human resource management practices in healthcare institutions, thereby contributing positively to the quality of healthcare services provided and enhancing patient satisfaction.

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